

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	200	109861	3/20
O.I.P.E. CLASSIFIER		478	3/24/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SB	56222	5-18-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	16	1	12/03
2	2	1	12/03
3	3	1	12/03
4	4	1	12/03
5	5	1	12/03
6	6	1	12/03
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31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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